



House of Representatives

General Assembly

File No. 284

January Session, 2011

Substitute House Bill No. 5608

House of Representatives, March 30, 2011

The Committee on Public Health reported through REP. RITTER, E. of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE IMPLEMENTATION OF CULTURALLY AND LINGUISTICALLY APPROPRIATE STANDARDS IN HEALTH CARE SETTINGS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2011*) (a) As used in this section:
2 "CLAS standards" means standards 4 to 7, inclusive, of the Culturally
3 and Linguistically Appropriate Standards issued by the United States
4 Department of Health and Human Services' Office of Minority Health
5 mandating that language access services be provided by health care
6 providers who are recipients of federal funds.

7 (b) On or before October 1, 2011, the Commission on Health Equity
8 shall establish a collaborative committee consisting of representatives
9 from various health care entities that shall monitor and ensure
10 accountability in the adoption of CLAS standards by health care
11 providers receiving federal funds in the state. The collaborative
12 committee shall consist of the following members: The chairperson of
13 the state Commission on Health Equity; the chairperson of the

14 Connecticut Multi-Cultural Health Partnership; the Commissioner of
15 Public Health; the Commissioner of Mental Health and Addiction
16 Services; the Healthcare Advocate; the president of the Connecticut
17 Hospital Association; the chief executive officer of the Community
18 Health Center Association of Connecticut; the president of the board of
19 directors for the Connecticut Center for Primary Care; the executive
20 director of the Connecticut State Dental Association; the chairperson of
21 the board of directors of the Mental Health Association of Connecticut;
22 the president of the executive board of directors of the Medical
23 Interpreting Association of Connecticut; the president of the board of
24 directors of the Connecticut Nurses' Association; the president of the
25 Connecticut Emergency Nurses Association; the chairperson of the
26 state Commission on Pharmacy; and the chief executive officer of the
27 Connecticut Association of Healthcare Facilities. Any member of the
28 committee may appoint a designee to serve in the same capacity as the
29 appointing member. The chairpersons of the Commission on Health
30 Equity shall select a chairperson and a vice-chairperson of the
31 collaborative committee from among the committee membership. On
32 or before January 1, 2012, the chairperson of the collaborative
33 committee shall convene the initial meeting of the committee. The
34 committee shall meet quarterly thereafter or more often as needed at
35 the call of the chairperson.

36 (c) The collaborative committee shall: (1) Prepare quarterly reports
37 concerning the adoption of, and compliance with, CLAS standards by
38 health care providers in the state; (2) conduct an analysis of the
39 number of individuals with limited English proficiency served in
40 health care settings and the methods used in such settings to ensure
41 compliance with CLAS standards; (3) establish a self-monitoring board
42 that ensures culturally competent health care access throughout the
43 state; (4) conduct train-the-trainer workshops on best practices in
44 implementing and complying with CLAS standards; and (5) annually
45 report to the General Assembly on its findings, including a report on
46 the challenges of implementing the language access services mandated
47 by CLAS standards. In carrying out the duties prescribed in this
48 subsection, the collaborative committee shall seek advice and input

49 from individuals and entities that are representative of the broad
50 spectrum of health care providers in the state.

51 (d) On or before January 1, 2013, and annually thereafter until
52 January 1, 2018, the collaborative committee shall report, in accordance
53 with the provisions of section 11-4a of the general statutes, on its
54 activities to the joint standing committees of the General Assembly
55 having cognizance of matters relating to public health, human services
56 and insurance and real estate. The collaborative committee shall
57 terminate on January 1, 2018.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2011</i>	New section

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

This bill requires the current Commission on Health Equity to establish a collaborative committee to monitor the implementation of federal Culturally and Linguistically Appropriate Standards. This is not anticipated to result in any additional costs to state agencies that have employees who serve on the Commission.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5608*****AN ACT CONCERNING THE IMPLEMENTATION OF CULTURALLY AND LINGUISTICALLY APPROPRIATE STANDARDS IN HEALTH CARE SETTINGS.*****SUMMARY:**

This bill requires the state Commission on Health Equity to establish a collaborative committee to monitor health care providers use of Culturally and Linguistically Appropriate Standards (CLAS) to provide language access services to their patients. The U.S. Department of Health and Human Services (HHS) Office of Minority Health issues the standards. Federal law requires health care providers who receive federal funds to provide language access services.

EFFECTIVE DATE: July 1, 2011

CLAS STANDARDS

Under the bill, "CLAS standards" mean standards 4 to 7 of the Culturally and Linguistically Appropriate Standards that require health care providers who receive federal funds to provide language access services to their patients. Standards 4 to 7 are as follows:

Standard 4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5. Health care organizations must give patients, in their preferred language, verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6. Health care organizations must assure that (a) competent interpreters and bilingual staff provide language assistance

to limited English proficient patients and (b) family and friends provide interpretation services only at the patient's request.

Standard 7. Health care organizations must make available easily understood patient-related material and post signs in the languages of the commonly encountered groups represented in the service area.

COLLABORATIVE COMMITTEE

Committee Representatives

By October 1, 2011, the Commission on Health Equity must establish a collaborative committee of representatives from various health care entities to monitor and ensure accountability in adopting CLAS standards by health care providers receiving federal funding. Its 15 members are:

1. the chairperson of the Health Equity commission,
2. the chairperson of the Connecticut Multi-Cultural Health Partnership,
3. the Public Health commissioner,
4. the Mental Health and Addiction Services commissioner,
5. the Healthcare Advocate,
6. The Connecticut Hospital Association president,
7. the chief executive officer of the Community Health Center Association of Connecticut,
8. the president of the board of directors for the Connecticut Center for Primary Care,
9. the executive director of the Connecticut State Dental Association,
10. the chairperson of the board of directors of the Mental health association of Connecticut,

11. the president of the executive board of directors of the Medical Interpreting Association of Connecticut,
12. the president of the board of directors of the Connecticut Nurses' Association,
13. the president of the Connecticut Emergency Nurses' Association,
14. the chairperson of the state Commission on Pharmacy, and
15. the chief executive officer of the Connecticut Association of Healthcare Facilities.

Any member may appoint a designee. The chairperson of the Commission on Health Equity selects the chair and vice-chair of the collaborative committee from among its membership. The chairperson must convene the initial meeting of the collaborative committee by January 1, 2012. It must meet quarterly or more often as needed at the call of the chair.

Committee Duties

The collaborative committee must: (1) prepare quarterly reports concerning state health care providers' adoption of, and compliance with, CLAS standards; (2) analyze the number of individuals with limited English proficiency served in health care settings and the methods used to ensure they comply with CLAS standards; (3) establish a self-monitoring board to ensure culturally competent health care access throughout the state; (4) conduct train-the-trainer workshops on best practices in implementing and complying with CLAS standards; and (5) annually report to certain legislative committees its findings, including a report on the challenges of implementing the language access services mandated by the standards. The collaborative committee can seek advice and input from individuals and entities that represent the broad spectrum of health care providers in the state.

Reports

By January 1, 2013 and annually until January 1, 2018, the collaborative committee must report to the Public Health, Human Services, and Insurance and Real Estate committees. The committee ends on January 1, 2018.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 16 Nay 10 (03/14/2011)